

United States of America

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA

Case No.

05-177

Teddarruan Crews

Defendant's name

Defendant's phone no.

YOU ARE RELEASED ON THE FOLLOWING ADDITIONAL CONDITIONS INDICATED BELOW:

PERSONAL PROMISE  OF	<input checked="" type="checkbox"/>	PERSONAL RECOGNIZANCE. Your personal recognizance, provided that you promise to appear at all scheduled hearings, trials, or otherwise as required by the Court.
	<input type="checkbox"/>	UNSECURED APPEARANCE BOND. Your personal unsecured appearance bond, to be forfeited should you fail to appear as required by the Court.
	<input type="checkbox"/>	CASH BOND. Upon execution of appearance bond, to be forfeited should you fail to appear as required by the Court, secured by a deposit, such deposit to be returned when the Court determines you have performed the conditions of your release. You will deposit in the registry of the Court _____%.
	<input type="checkbox"/>	SURETY BOND. Upon execution of appearance bond with approved surety.

FILED

YOU ARE HEREBY RELEASED ON THE CONDITIONS INDICATED BELOW:

JUN 21 2005

<input type="checkbox"/> 1) SUPERVISORY CUSTODY	You hereby agree to be placed in the custody of _____ who agrees (a) to supervise you in accordance with the conditions below, (b) to use every effort to assure your appearance at all scheduled hearings, trials, or otherwise, and (c) to notify the D.C. Pretrial Services Agency immediately in the event you violate any condition of release or disappear. Agency telephone— 727-2800.		NANCY MAYER WHITTINGTON, CLERK U.S. DISTRICT COURT Custodian's address Custodian's phone no.
<input checked="" type="checkbox"/> 2) YOU ARE TO REPORT	<input checked="" type="checkbox"/> weekly <input type="checkbox"/> other-specify _____	<input checked="" type="checkbox"/> in person <input type="checkbox"/> by phone	TO THE D.C. PRETRIAL SERVICES AGENCY AT 727-2800. <input type="checkbox"/> Your attorney, whose name and address is shown below.
<input checked="" type="checkbox"/> 3) YOU ARE TO LIVE	<input type="checkbox"/> at _____ address _____ <input type="checkbox"/> with _____ name and relationship to defendant _____ <input type="checkbox"/> at _____ address _____ phone no. _____	being in at night by _____ P.M. time _____	
<input type="checkbox"/> 4a) YOU ARE TO WORK	<input type="checkbox"/> by obtaining a job within _____ days and reporting it to the D.C. Pretrial Services Agency at 727-2800. <input type="checkbox"/> by maintaining your job at _____ Employer's name and address _____ <input type="checkbox"/> by enrolling in school at _____ name and address _____		
<input type="checkbox"/> 4b) YOU ARE TO STUDY	<input type="checkbox"/> by maintaining your student status at _____ name and address _____		
<input checked="" type="checkbox"/> 5) YOU ARE TO STAY	<input checked="" type="checkbox"/> away from the complaining witness. <input checked="" type="checkbox"/> Within the D.C. area.		
<input type="checkbox"/> 6) NARCOTICS			
<input type="checkbox"/> 7) OTHER CONDITION			
<input type="checkbox"/> 8) REARREST	Any rearrest on probable cause for any subsequent offense may result in revoking your present bond and setting it at _____		

You are instructed that any violation of a condition of release may result in revocation of release, pretrial detention or contempt. If you willfully fail to appear as required, you will be subject to prosecution and if convicted, the maximum penalties are indicated on the reverse side. Furthermore, your release is subject to the terms and conditions contained on the reverse side which are incorporated in and made a part of this order, which by your signature below you certify you have read and understand.

NEXT DUE BACK	in Courtroom 18 at 10:30 AM on 9/22/05	YOUR ATTORNEY Nicholas Ballard name 703-522-0597 address phone no.
	or when notified and you must appear at all subsequent continued dates. You must also appear	
DEFENDANT'S SIGNATURE	I understand the penalties which may be imposed on me for willful failure to appear or for violation of any condition of release and agree to comply with the conditions of my release and to appear as required.	
WITNESSED BY	(title and agency)	

IMPORTANT: YOU ARE TO NOTIFY IMMEDIATELY THE D.C. PRETRIAL SERVICES AGENCY, 500 INDIANA AVE., N.W., FIRST FLOOR, TELEPHONE NUMBER 727-2800, OF ANY CHANGE OF ADDRESS, EMPLOYMENT, OR CHANGE IN STATUS OF ANY RELEASE CONDITIONS.

WHITE—TO COURT PAPERS  
BLUE—TO JUDGE  
GREEN—TO D.C. PRETRIAL SERVICES AGENCY  
CANARY—TO DEFENSE ATTORNEY  
PINK—TO U.S. ATTORNEY  
GOLDENROD—TO DEFENDANT

Date

6/21/05

SO ORDERED

Signature of Judge